



County of Los Angeles
CHIEF EXECUTIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://ceo.lacounty.gov>

DAVID E. JANSSEN
Chief Executive Officer

July 3, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED) (3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 10786905 in amount of \$22,423.00
2. Account Number 10910901 in amount of \$33,234.95
3. Account Number 10958007 in amount of \$31,666.67
4. Account Number 10973539 in amount of \$7,950.00
5. Account Number 11088634 in amount of \$33,000.00
6. Account Number 11111642 in amount of \$10,000.00
7. Account Number 11215600 in amount of \$4,458.71
8. Account Number 11229212 in amount of \$7,248.75

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Honorable Board of Supervisors
July 3, 2007
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Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

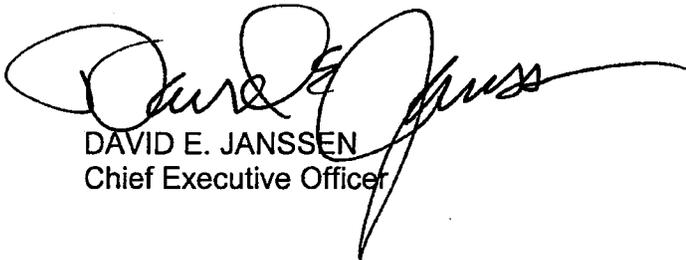
Not Applicable

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact

Respectfully submitted,

Reviewed by:



DAVID E. JANSSEN
Chief Executive Officer

RAYMOND G. FORTNER, JR.
County Counsel

DEJ:SRH
MJS:alc

by 
Deputy County Counsel

Attachments (8)

c: Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 93A

Amount of Aid	\$54,738.00	Account Number	10786905
Amount Paid	0.00	Name	Adult Male
Balance Due	54,738.00	Service Date	11/08/03 thru 11/17/03
Compromise Amount Offered	22,423.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$32,315.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in a pedestrian versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$54,738.00. There was insurance involvement.

The attorney has settled the case for the amount of \$95,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 31,611.45	\$ 31,611.45	33.28%
Attorney Cost	590.35	590.35	0.62%
L A City Fire Department	643.75	643.75	0.68%
Jai Lee, M.D.	1,550.00	800.00	0.84%
Koo's Acupuncture	13,285.00	5,890.00	6.20%
Samaritan Imaging Center	2,607.00	475.00	0.50%
Daniel W. Chang, M.D.	200.00	100.00	0.11%
Oxford Health Plan	1,488.58	855.00	0.90%
County of Los Angeles	54,738.00	22,423.00	23.59%
Net to Client	N/A	31,611.45	33.28%
Total	\$106,714.13	\$95,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 93B

Amount of Aid	\$149,682.00	Account Number	10910901
Amount Paid	0.00	Name	Adult Male
Balance Due	149,682.00	Service Date	11/10/04 thru 12/09/04
Compromise Amount Offered	33,234.95	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$116,447.05	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was the victim of an assault, resulting in multiple gunshot wounds. He was treated at Harbor UCLA Medical Center at a cost of \$149,682.00. There was no Medical or private insurance involvement.

The attorney has settled the case for the amount of \$140,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 56,000.00	\$ 45,260.71	32.33%
Attorney Cost	7,932.37	4,217.86	3.01%
Northbay Medical Center	54,153.28	12,025.77	8.59%
County of Los Angeles	149,682.00	33,234.95	23.74%
Net to Client	N/A	45,260.71	32.33%
Total	\$267,767.65	\$140,000.00	100.00%

Our financial investigation reveals that the client supports himself and a family of three with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 93C

Amount of Aid	\$298,018.00	Account Number	10958007
Amount Paid	0.00	Name	Adult Male
Balance Due	298,018.00	Service Date	01/15/05 thru 03/15/05
Compromise Amount Offered	31,666.67	Facility	LAC USC Medical Center
Amount to be Written Off	\$266,351.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$298,018.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 31,666.66	\$ 31,666.66	31.66%
Attorney Cost	5,000.00	5,000.00	5.00%
County of Los Angeles	298,018.00	31,666.67	31.67%
Net to Client	N/A	31,666.67	31.67%
Total	\$334,684.66	\$100,000.00	100.00%

Our financial investigation reveals that the client is supported by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 93D

Amount of Aid	\$70,102.00	Account Number	10973539
Amount Paid	0.00	Name	Adult Female
Balance Due	70,102.00	Service Date	11/30/03 thru 03/08/04
Compromise Amount Offered	7,950.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$62,152.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was a victim of a burn accident. She was treated at LAC USC Medical Center at a cost of \$70,102.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$27,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,950.00	\$ 7,950.00	28.91%
Attorney Cost	5,000.00	3,650.00	13.27%
County of Los Angeles	70,102.00	7,950.00	28.91%
Net to Client	N/A	7,950.00	28.91%
Total	\$83,052.00	\$27,500.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from her adult children. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 93E

Amount of Aid	\$253,842.00	Account Number	11088634
Amount Paid	0.00	Name	Adult Male
Balance Due	253,842.00	Service Date	08/06/05 thru 09/05/05
Compromise Amount Offered	33,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$220,842.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$253,842.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,000.00	\$ 33,000.00	33.00%
Attorney Cost	1,000.00	1,000.00	1.00%
County of Los Angeles	253,842.00	33,000.00	33.00%
Net to Client	N/A	33,000.00	33.00%
Total	\$287,842.00	\$100,00.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his mother. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 93F

Amount of Aid	\$48,656.00	Account Number	11111642
Amount Paid	0.00	Name	Adult Male
Balance Due	48,656.00	Service Date	09/10/04 thru 09/18/04
Compromise Amount Offered	10,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$38,656.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$48,656.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,200.00	\$10,200.00	34.01%
Burbank Emergency Medical	750.00	400.00	1.33%
County of Los Angeles	48,656.00	10,000.00	33.33%
Net to Client	N/A	9,400.00	31.33%
Total	\$59,606.00	\$30,000.00	100.00%

Our financial investigation reveals that the client lives in Mexico and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 93G

Amount of Aid	\$74,594.00	Account Number	11215600
Amount Paid	0.00	Name	Adult Female
Balance Due	74,594.00	Service Date	07/16/06 thru 08/03/06
Compromise Amount Offered	4,458.71	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$70,135.29	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$74,594.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	168.93	168.93	1.13%
Centinela Freeman Reg. Med Center	3,723.00	250.00	1.67%
McCormick Ambulance	728.50	582.80	3.89%
Garden Plaza Convalescent Hospital	3,036.00	0.00	0.00%
Centinela Radiology	122.68	85.88	0.57%
Emergency Physician Services	503.00	503.00	3.35%
County of Los Angeles	74,594.00	4,458.71	29.72%
Net to Client	N/A	3,950.68	26.34%
Total	\$87,876.11	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 93H

Amount of Aid	\$40,716.00	Account Number	11229212
Amount Paid	0.00	Name	Adult Male
Balance Due	40,716.00	Service Date	06/21/06 thru 07/21/06
Compromise Amount Offered	7,248.75	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$33,467.25	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$40,716.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,041.66	32.16%
Attorney Cost	875.00	875.00	3.50%
Hawthorne Immediate Health Care	3,700.00	658.61	2.63%
Arthur Kreitenberg, M.D.	750.00	134.30	0.54%
County of Los Angeles	40,716.00	7,248.75	29.00%
Net to Client	N/A	8,041.68	32.17%
Total	\$54,374.33	\$25,000.00	100.00%

Our financial investigation reveals that the client supports himself and a family of two with income from Public Assistance. He has no other source of income or tangible assets.